

VIRGINIA SSR FEE SCHEDULE (RS2)
Calculation of Fee Amounts Due Each State



SSRS 41 (Rev. 07/02)

Please print or type NOTE: For process agent changes, enclose copy of the FMCSA form BOC-3.

Check applicable box to indicate the type filing you are making:				<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Supplemental
Will you transport hazardous materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check applicable box to indicate the amount of public liability and property damage insurance you carry (Title 49 CFR §1043.2)		<input type="checkbox"/> \$1 million <input type="checkbox"/> \$5 million	
Business Name			Trade Name (If different from business name.)		FMCSA (federal MC) Number	
Street Address (Do not give P.O. Box address.)				Give year of operation to be printed on receipt		Telephone Number ()
City		State	Zip Code	E-mail Address		Fax Number ()

(A) Participating States	PROPERTY (Freight)			PASSENGERS			(H) TOTAL FEES PER STATE (D + G)
	(B) Number of Vehicles	(C) Per Vehicle Fee	(D) TOTAL Vehicle Fee (B x C)	(E) Number of Vehicles	(F) Per Vehicle Fee	(G) TOTAL Vehicle Fee (E x F)	
ALABAMA (AL)		\$ 6.00			\$ 6.00		
ARKANSAS (AR)		5.00			5.00		
CALIFORNIA (CA)		5.00			5.00		
COLORADO (CO)		5.00			5.00		
CONNECTICUT (CT)		10.00			0.00		
GEORGIA (GA)		5.00			5.00		
IDAHO (ID)		2.00			2.00		
ILLINOIS (IL)		7.00			7.00		
INDIANA (IN)		10.00			10.00		
IOWA (IA)		1.00			1.00		
KANSAS (KS)		10.00			10.00		
KENTUCKY (KY)		10.00			10.00		
LOUISIANA (LA)		10.00			0.00		
MAINE (ME)		8.00			0.00		
MASSACHUSETTS (MA)		10.00			0.00		
MICHIGAN (MI)		10.00			0.00		
MINNESOTA (MN)		5.45			5.45		
MISSISSIPPI (MS)		10.00			10.00		
MISSOURI (MO)		10.00			10.00		
MONTANA (MT)		5.00			5.00		
NEBRASKA (NE)		3.50			0.00		
NEW HAMPSHIRE (NH)		10.00			10.00		
NEW MEXICO (NM)		10.00			10.00		
NEW YORK (NY)		10.00			10.00		
NORTH CAROLINA (NC)		1.00			1.00		
NORTH DAKOTA (ND)		10.00			10.00		
OHIO (OH)		5.00			0.00		
OKLAHOMA (OK)		7.00			7.00		
RHODE ISLAND (RI)		8.00			8.00		
SOUTH CAROLINA (SC)		5.00			5.00		
SOUTH DAKOTA (SD)		5.00			5.00		
TENNESSEE (TN)		8.00			8.00		
TEXAS (TX)		10.00			10.00		
UTAH (UT)		6.00			6.00		
VIRGINIA - Total FHWA Vehicles (see instruction on back)							
VIRGINIA - SSRS Fees Due (see instruction on back)		10.00			3.00		
WASHINGTON (WA)		10.00			10.00		
WEST VIRGINIA (WV)		3.00			3.00		
WISCONSIN (WI)		5.00			0.00		

**Please read the back of this schedule
and complete ALL applicable information.**

**GRAND TOTAL OF
ALL STATE FEES**

\$

FEES MUST BE PAID FOR EACH VEHICLE FOR EACH STATE TRAVELED

ORIGINAL FILINGS - must be accompanied by a RS1.

RENEWAL AND SUPPLEMENTAL FILINGS - If you are filing a renewal or supplemental schedule, complete the following.

I certify, under penalty for false statement, that current copies of my FMCSA authority, FMCSA form BOC-3, and copy of proof of public liability security are on file in the registration state. Additionally, I am authorized to execute and file this document on behalf of the applicant. If current documentation is not on file, copies of the current documents are attached.			
Authorized Representative's Name <i>(please print)</i>		Title	
Authorized Representative's Signature			Date
Telephone Number ()	Fax Number ()	e-mail Address	

SSRS FEE WAIVER

If you meet either of the following conditions, no Virginia fee will be charged for registration under the SSRS program.

You register the **same** vehicle under both the SSRS program and the motor fuel road use tax program.

OR

You register the **same** vehicle under both the SSRS program and the intrastate operating authority program.

This waiver applies **ONLY** to the Virginia SSRS program fees. All other fees must be paid.

QUESTIONS AND ASSISTANCE - If you have questions or need assistance, contact DMV's Motor Carrier Services at:

Voice – Toll Free	(866) 878-2582
Deaf or Hearing Impaired ONLY	(800) 272-9268
FAX	(804) 367-0273

PAYMENT METHODS

You may pay the fees by:

- personal check or money order made payable to DMV
- or
- complete the following to pay by credit card.

Name Appearing on Credit Card		Daytime Telephone Number ()	
Credit Card Number		Date Card Expires (mmyy)	Amount To Be Charged \$
I hereby authorize DMV to charge the credit card account listed		Card Holder's Signature	
		Date	

Mail completed schedule to:

Department of Motor Vehicles
Motor Carrier Services
Credentials
P. O. Box 27412
Richmond, VA 23269-0001